



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

08/21/00

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

<b>EPA I.D. NUMBER</b>	<b>→</b>	<b>NYR000088906</b>
<b>INSTALLATION NAME</b>	<b>→</b>	<b>PLANET RECOVERY INC</b>
<b>INSTALLATION ADDRESS</b>	<b>→</b>	<b>3501 MERRICK RD SEAFORD, NY 11783</b>
<b>MAILING ADDRESS</b>	<b>→</b>	<b>3280 SUNRISE HWY SUITE 303 WANTAGH, NY 11793-4024</b>

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22<sup>nd</sup> Floor  
New York, NY 10007-1866**

**ATTN: JACK HOYT  
Tel : (212) 637-4106  
Fax: (212) 637-4949**

**TO: PLANET RECOVERY INC or Current Occupant  
ATTN: ADLER, GREGORY - PRES  
3280 SUNRISE HWY SUITE 303  
WANTAGH, NY 11793-4024**



Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

GSA No. 0246-EPA-OT

Date Received  
(For Official Use Only)

U.S. EPA  
AGENCY RO II

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. Initial Notification



B. Subsequent Notification  
(Complete item C)

C. Installation's EPA ID Number

NYR0000088906

## II. Name of Installation (Include company and specific site name)

PLANET RECOVERY INC

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3501 MERRICK RD

Street (Continued)

City or Town

SEAFORD

State

Zip Code

NY 11783-

County Code

County Name

MASSAU

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

3280 SUNRISE HWY SUITE 303

City or Town

State

Zip Code

WANTAGH

NY 11793-4024

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

ADLER

GREGORY

Job Title

Phone Number (Area Code and Number)

PRESIDENT

516-783-3128

Ext:

## VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

FAX: (516) 783-3128

City or Town

State

Zip Code

## VII. Ownership (See instructions)

### A. Name of Installation's Legal Owner

GREGORY ADLER

Street, P.O. Box, or Route Number

2689 RIVERSIDE AVE

City or Town

State

Zip Code

SEAFORD

NY 11783-

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner  
Indicator

Date Changed

516-783-6701

P

P

Yes

No

Month

Day

Year

Address Verified US Post Office (83)



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

## A. Hazardous Waste Activities

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☒ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.

4. Exempt Boiler and/or Industrial Furnace
- ☐ a. Smelting, Melting, and Refining Furnace Exemption
- ☐ b. Small Quantity On-Site Burner Exemption

- ☐ 5. Underground Injection Control

## C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
- ☒ a. Transporter
- ☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

## B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

## B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

1. Ignitable (D001)
- ☐

2. Corrosive (D002)
- ☐

3. Reactive (D003)
- ☐

4. Toxicity Characteristic
- ☐

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1

2

3

4

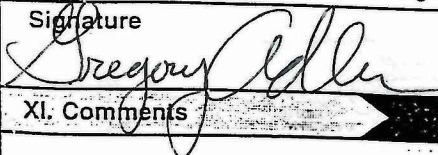
## C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (Type or print)

GREGORY ADLER PRES

Date Signed

8-10-00

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)